Statement covers period   Date Stamp   Dat		· •	-	SHORT FORM
To use by recipient committees which have not received a contribution or other receipt which must be itemized, have not received or made loans, and have no outstending accrued which must be itemized, have not received or made loans, and have no outstending accrued which must be itemized, have not received or made loans, and have no outstending accrued which must be itemized, have not received or made loans, and have no outstending accrued which must be itemized, have not received or made loans, and have no outstending accrued which must be itemized, loans and itemized. Special Odd-year Campaign Report   Supplemental Pre-election Statement (Attach a completed form 495 to this statement.)    Description of the following boxes to indicate the type of statement being filed:   Description of the following boxes to indicate the type of statement   Supplemental Pre-election Statement (Attach a completed form 495 to this statement.)   Description of the following boxes to indicate the type of statement   Supplemental Pre-election Statement (Attach a completed form 495 to this statement.)   Description of the following boxes to indicate the type of statement   Supplemental Pre-election Statement (Attach a completed form 495 to this statement.)   Description of the following boxes to indicate the type of statement   Supplemental Pre-election Statement (Attach a completed form 495 to this statement.)   Description of the following boxes to indicate the type of statement.   Supplemental Pre-election Statement (Attach a completed form 495 to this statement.)   Description of the following boxes to indicate the type of statement.   Supplemental Pre-election Statement (Attach a complete (Rock Indicated Form 495 to this statement.)   Description of the following boxes to indicate the type of statement and to the best of mass of the statement and to the best of mass of the statement and to the best of mass of the statement and to the best of mass of the statement and to the best of mass of the state of California is true and co				szastolikia A E A
To the type (check boxes) is this a controlled committee   Yes   Yes   No   Is this a sponsored committee   Yes   No   Is this a sponsored committee   Yes   No   Is this a sponsored committee   Yes   No   Is this a broad based committee   Yes   No   Is this a sponsored committee   Yes   Yes   No   Is this a sponsored committee   Yes   Y	EE INSTRUCTIONS ON REVERSE	through Tune 30, 196	S P 16 AM 9:57	Page / of 2
Pre-election Statement   Quarterly Statement   Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)   Semi-annual Statement   Semi-annual Statement   Statement   Statement   Statement (Attach a completed Form 415 to this statement.)   Committee Information	which must be itemized, have not received or made loans, and have no outstanding accrued		A Contract of the Contract of	<u> </u>
Semi-annual Statement   Special Odd-year Campaign Report   Termination Statement (Attach a completed Form 415 to this statement.)    Committee Information	heck one of the following boxes to indicate the type of statement being filed:	· · · · · · · · · · · · · · · · · · ·		
I.D. NUMBER   100 AND STREET!   NAME OF TREASURER   100 AND STREET!   NAME OF TREASURER   100 AND STREET!   PERMANENT ADDRESS OF TREASURER   100 AND STREET!   PERMANENT ADDRESS OF TREASURER   100 AND STREET!   PERMANENT ADDRESS OF TREASURER   100 AND STREET!   111   100 AND STATE   111   100 AND STREET!   111   100 AND STATE   111   1				
Name of treasurer   No. and street)   Author   Name of treasurer   No. and street   No. and				
NAME OF TREASURER  ADDRESS OF COMMITTEE (NO. AND STREET)  TO KRY STATE ZIP CODE  CITY  AREA CODE/PHONE NUMBER  NONE  COMMITTEE (NO. AND STREET)  AREA CODE/PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COMMITTEE (STATE ZIP CODE  AREA CODE/PAYTIME PHONE NUMBER  NONE  COUNTY  AREA CODE/PAYTIME PHONE NUMBER  NO IS this a sponsored committee? Yes No Is this a broad based committee? Yes No  Is this a bro	NAME OF COMMITTEE			
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AREA CODE/PHONE NUMBER  NONE    Committee Type (check boxes)   Is this a controlled committee?   Yes   No   Is this a sponsored committee?   Yes   No   Is	CITY STATE ZIP CODE		STA	TE ZIP CODE
Committee Type (check boxes)   Is this a controlled committee?   Yes   No   Is this a sponsored committee?   Yes   No   Is this a broad based committee?   Yes	10010	Lack		d 25/15
This committee has not received any contributions, cumulative contributions or miscellaneous receipts from a single source totaling \$100 or more which mube itemized, and this committee has not made or received loans, and has no accrued expenses or outstanding enforceable promises received.  I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on Septiment At Signature or or state measure proponent who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on At Signature or or received.			JOMBER	
This committee has not received any contributions, cumulative contributions or miscellaneous receipts from a single source totaling \$100 or more which mube itemized, and this committee has not made or received loans, and has no accrued expenses or outstanding enforceable promises received.  I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foreign of the best of my knowledge the treasurer has used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on	Committee Type (check boxes) Is this a controlled committee? Yes No	is this a sponsored committee? Ye	No Is this a broad bas	ed committee? Tes No
be itemized, and this committee has not made or received loans, and has no accrued expenses or outstanding enforceable promises received.  I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California the herein is true and correct.  Executed on Sepulative At CITY AND STATE  An Officeholder, candidate, or state measure proponent who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on Date CITY AND STATE  By SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICE SIGNATURE OF OFFICEHOLDER, CANDIDATE, CAND	II Verification			1
I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foreining is true and correct.  Executed on Sepulo 1976 At Local College By Signature of Treasurer  An officeholder, candidate, or state measure proponent who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on At By SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICE STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on At SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on At SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on At SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT Executed on By SIGNATURE OF OFFICEHOLDER Executed On By SIGNATURE OF OFFICEHOLDER Executed On By SIGNATUR	This committee has not received any contributions, cumulative contribution be itemized, and this committee has not made or received loans, and has no	s or miscellaneous receipts from accrued expenses or outstandi	n a single source totaling ng enforceable promises i	\$100 or more which must received.
An officeholder, candidate, or state measure proponent who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on At	I have used all reasonable diligence in preparing this statement. I have revie herein is true and complete. I certify under penalty of perjury under the law	ewed the statement and to the vision of the state of California the	best of my knowledge the	information contained
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diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and t the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.  Executed on At	·	•	; / ·	
DATE  CITY AND STATE  SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICE  Executed on At	diligence and to the best of my knowledge the treasurer has used all reason, the best of my knowledge the information contained herein is true and com	able diligence in preparing this	statement. I have review	ed the statement and to
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**Recipient Committee Campaign Disclosure Statement** Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

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Statement covers period	SECULE AND A SECULE
10m : Jan 1, 1996	1997 ASU
through JUNE 30,1996	Page of
	I.D. NUMBER
	93 ()573

NAME OF COMMITTEE DAVERDOR **Expenditures Made** 1. Expenditures of \$100 or more made this period ...... 2. Expenditures under \$100 (Not itemized.) (If this is the first statement for the calendar year, enter zero.) **Contributions Received** (If this is the first statement for the calendar year, enter zero.) **Current Cash Statement** 10. Beginning cash balance ...... Previous Summary Page, Line 14 \$\_ 12. Miscellaneous increases to cash ...... 10